

AMENDED

Registration District No. 9 Primary Registration District No. 5273 Registrar's No. 3

FILED JAN 30 1962

1. PLACE OF DEATH

a. COUNTY Christian

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Porter Township

Length of stay in 1b 41 years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home

Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Christian

c. CITY OR TOWN Nixa, Route #1

Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 3 miles West of Nixa

Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print) First Middle Last

James Lonn Howard

4. DATE OF DEATH

Month Day Year

January 10, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/1/1907

9. AGE (last birthday) 55

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (City and state or country) Highlandville, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harding, Howard

13b. MOTHER'S MAIDEN NAME Ellie Willhite

14. NAME OF HUSBAND OR WIFE (Lorus Howard nee Johnson)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT Mrs. Lorus Howard, Rt. #1, Nixa, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis

DUE TO (c) Coronary atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH sudden

few min.

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-7-52 to 1-10-62 and last saw her him alive on 1-8-62

Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Shaffer DO

22b. ADDRESS Nixa, Mo.

22c. DATE SIGNED 1-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/13/1962

23c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery

23d. LOCATION (City, town, or county) Nixa, Missouri

24. FUNERAL DIRECTOR J. Alan Harris

ADDRESS Clover, Mo.

25. DATE RECD. BY LOCAL REG. Jan. 26, 1962

26. REGISTRAR'S SIGNATURE Oline H. [unclear]

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

MAR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.